

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILING DATE

10/591308

APPLICANT(A)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								51					
3								53					
4								54					
5								55					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL REQ.			↓	2		↓							
TOTAL OCP.			↖	18		↖							
TOTAL CLAIMS			20										